



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 8, 2013

Ms. Dawn Provost, Administrator
Westview Meadows at Montpelier
171 Westview Meadows Road
Montpelier, VT 05602

Provider #: 0536

Dear Ms. Provost:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation and re-licensing survey conducted on **January 29, 2013**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0638	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/29/2013
NAME OF PROVIDER OR SUPPLIER WESTVIEW MEADOWS AT MONTPELIER		STREET ADDRESS, CITY, STATE, ZIP CODE 171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 1/29/13 by the Division of Licensing and Protection in conjunction with a full re-licensing survey. The following regulatory violations were identified.	R100	The submission of this plan of correction does not imply agreement with existence of deficiency. It is submitted in the spirit of cooperation, to demonstrate our commitment to continued improvement in the quality of our resident's lives.	
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review the facility failed to assure that medication was administered in accordance with physician orders for 1 resident. (Resident #8) Findings include: Per record review, nursing failed to provide a physician ordered medication for Resident #6 when the resident requested the medication. Per interview, on the afternoon of 1/29/13, Resident #8 stated that s/he had experienced some incidents of chest pain for which his/her physician had ordered PO (by mouth) MSO4 (morphine sulphate) and nursing refused to administer the medication. The resident stated s/he had been informed by nursing that it was against facility policy to administer morphine. Per record review, a physician order, dated 5/15/12, directed staff to administer morphine 1 mg PO QHS (at bedtime) PRN (as needed). An Interdisciplinary Progress Note, dated 5/16/12 stated that the resident had	R128	R128 This was a one- time occurrence as a misunderstanding between nursing and administration on policies regarding administering morphine. We will not set a policy refusing to administer morphine, each individual care needs are different. We will administer all meds per physician orders and per state regulations. Administrator will work closely with nurse if/when a concern is raised with administration of a medication. R128 POC accepted 2/27/13 BHW/ RN/ PMC	1/30/13

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Executive Director

(X6) DATE

2-26-13

If continuation sheet 1 of 7

6899

X68W11

PMC

Division of Licensing and Protection

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R128	Continued From page 1 requested morphine and was told by staff that, "...we do not administer morphine for our level of care. (S/he) wants to hire TLC to come sleep over and give (him/her) the morphine." The note also stated that the facility's RN (Registered Nurse) had been contacted about the morphine and s/he had stated "our policy is not to administer morphine unless Home Health is involved." There was further indication that the physician's office had been contacted and the nurse's note stated that the HHA (Home Health Agency) would not go to the facility to administer morphine.... "and I will not either so we will make a new plan." The morphine was discontinued by physician order on 5/16/12. Per interview, on the afternoon of 1/29/13 at 5:22 PM, the nurse responsible for carrying out physician orders confirmed that Resident #6 did not receive morphine. Per interview at 5:40 PM on 1/29/12, the RN confirmed the facility does not have a policy that states morphine will not be administered without involvement of the HHA.	R128-			
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review nursing failed to complete a comprehensive assessment of one resident following a change in	R136			

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R136	Continued From page 2 condition. (Resident #6). Findings include: Per record review, nursing failed to conduct a comprehensive assessment of Resident #6 who suffered an episode of choking during the morning meal on 8/14/12. An Interdisciplinary Progress Note, dated 8/14/12, stated "at breakfast (resident) ate a bagel and didn't chew it well. It got stuck in (his/her) esophagus. Not able to drink fluids to help push it down. Throwing up large amts of clear phlegm. Called Dr's office - Hot tea, Lorazepam - Hot compress on throat." Despite the choking episode and inability to even drink fluid without vomiting, and although the resident was able to breathe, there is no evidence that any assessment had been conducted, and no vital signs or oxygen saturation level had been obtained to help assess the resident's physical condition or adequacy of oxygenation. It wasn't until several hours later, at 3:10 PM, that the resident was taken to the ER (Emergency Room) for evaluation. A subsequent note stated that the resident had been diagnosed with aspiration pneumonia (result of drawing food or fluid into the lungs), had been transferred to a tertiary care center and placed on a ventilator. During interview, on the afternoon of 1/29/13, the nurse responsible for providing care to Resident #6 during the choking incident stated that because the resident was able to vomit at the time of the incident, both the resident and nurse felt s/he would be able to dislodge the food particle. The nurse stated s/he had personally transported Resident #6 to the ER in the afternoon when the resident still had not been able to dislodge the food. The nurse further stated s/he could not recall if vital signs and an oxygen saturation level had been obtained.	R136	Resident #6 - Resident could breathe and talk. Resident refused emergency 911 and was asked many times if he/she wanted to be transported to the hospital. Resident #6 left dining room and went to apartment. Resident had good color and O2 Stats taken but not recorded in resident chart. Resident #6 Primary Care Physician was notified immediately of situation and advised Hot Tea, Lorazepam, along with hot compress and massage to throat. Any future incidence of food lodged in esophagus/choking, emergency 911 will be called and resident will be transferred to hospital for evaluation, per attached policy. Administrator will review policy at annual Resident Emergency Response In-Service and at new employee orientation. R136 POC accepted 2/27/13 Blaine RN/PMC	1/30/13

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R160 R160 SS=0	Continued From page 3 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	R160 R160	We have reviewed our medication management policy with all nursing staff. We have also implemented a procedure (attached) for all expired or discontinued meds. No medications will be kept in our medication storage cabinet that does not have a physician order. All resident meds have been reviewed by nurse to verify there is a physician order and all meds that have expired or been discontinued have been disposed of per policy. RN will do a check monthly that this policy/process has been completed. R160 POC accepted 2/27/13 Btkwern/pmc		1/30/13

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R160	Continued From page 4 RCH failed to develop written policies and procedures for the disposing of unused medications. Findings include: During observations of medication storage in the nursing office on the afternoon of 1/29/13, multiple medications were stored in plastic bags in a cabinet. The medications were both previously prescribed and over the counter medications that belonged to residents presently residing at the RCH. Per interview on the afternoon of 1/29/13, the Executive Director and a Personal Care Attendant confirmed none of the medications are presently prescribed for the residents and are not being used. Many of the medications were brought with the residents upon admission to the RCH, however the RCH does not have a process/policy for the disposition for the unused medications.	R160			
R173 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to ensure all medications were stored in locked compartments. Findings include:	R173	Replaced lock and labeled cupboard "Keep Door Locked". All nursing staff instructed to keep door locked at all times. Door will be check before leaving office each time. All staff will verify cupboard is locked at each shift. Nurse will monitor compliance. R173 POC accepted 2/27/13 BHowe RN / Pme		1/30/13

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R173	Continued From page 5	R173		
R177 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h</p> <p>(5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation and interview, narcotics and other controlled drugs were not accounted on either a daily or weekly basis. Findings include:</p> <p>During review on 1/29/13 at 4:15 PM of drug storage in the medication cart, some of the stored controlled drugs located in the locked compartment of the medication cart were not accounted for by staff to include: Tramadol HCL 50 mg. prescribed for Resident #5; Oxycodone HCL 5 mg. prescribed for Resident #6; Hydrocodone/APAP 5/500 mg. prescribed for Resident # 7 and Lorazepam both 0.5 mg. and 1 mg. prescribed for Resident #8. This was</p>	R177	<p>Expired or discontinued narcotics and controlled drugs have been discarded per our policy. All narcotics and controlled drugs going forward will be counted daily. All expired or discontinued narcotics will be disposed of immediately. Administrator and/or RN will check weekly that all narcotics and controlled drugs are counted.</p> <p>Please note: All controlled drugs that were not counted daily/weekly were accounted for and there was not a discrepancy between the last date they were counted and when they were properly disposed.</p> <p>R177 POC accepted 2/27/13 Blkwe RN/pme</p>	1/30/13

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R177	Continued From page 6 confirmed at 5:15 PM with the RCH Executive Director and the evening Personal Care Attendant who stated the identified medications were no longer being administered, however remained in the medication cart and were not accounted for as required and per the facility's policy.	R177			
R251 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation and staff interview, the RCH failed to ensure all food stored or being prepared was protected from dust and unnecessary handling. Findings include:</p> <p>During a tour of the kitchen on 1/29/13 at 11:20 AM accompanied by the Executive Director the following observations were made:</p> <ol style="list-style-type: none"> 1. Dust on the plastic covers of the condenser fans located in the freezer and refrigerator walk-ins; 2. Dust was noted on the sprinkler heads of the fire suppression system located above the stove. 3. A hand scoop was found inside the flour storage bin laying on the flour. 	R251	<p>Plastic covers of the condenser fans in both the walk-in freezer and fridge have been removed and cleaned. Sprinkler heads on the fire suppression system have been cleaned. The plastic covers will be removed from the condenser fans and the sprinkler heads will be cleaned the last Monday of every month. Scoop was removed from the flour immediately. Label placed on flour container "Remove Scoop". All kitchen staff notified. Executive Chef or Cook on duty will check on daily basis that scoop is not in flour.</p> <p>R251 POC accepted 2/27/13 Bltower RN / PML</p>		1/30/13